

Registration District No. _____

Primary Registration District No. _____

Registrar's No. _____

6632

1. PLACE OF DEATH:

(a) County. St. Louis
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Homer G. Phillips Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 6 Days
In this community. ?? (Specify whether years, months or days)

3. (a) PRINT FULL NAME Josephine Goodloe

3. (b) If veteran, name war. _____

3. (c) Social Security No. _____

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased. Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
About 70 hr. min.

9. Birthplace Cherokee, Ala
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name JANE
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lucille H. ARDER
(b) Address 4475 N. EVANS
17. (a) BURIAL (b) Date thereof 8-14-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation GREENWOOD

18. (a) Signature of funeral director Mary Wade
(b) Address 4202 Highway Ave
19. (a) AUG 14 1941 (b) J. T. B. B. B.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2745 Delmar
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9
year 1941 hour 6 minute 00 P. M.
21. I hereby certify that I attended the deceased from August 3,
19 41 to August 9, 19 41
that I last saw her alive on August 9, 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death
1. Hypertensive Cardio-Vascular Dis.
2. Arteriosclerotic Heart
Due to 3. Old Hemiplegia
Due to _____
Duration 6 Yrs.
Unk.

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. W. Johnson (M. D. or other) P
Address 2601 North Whittier Date signed 8/11/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *2691*

P. O. Address *2749 Chau*

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.